

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038741

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 339

STATE FILE NUMBER

FILED OCT 21 1963

1. PLACE OF DEATH

a. COUNTY

Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Macon

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kirksville

Length of stay in lb

3 Wks

c. CITY

OR TOWN

La Plata

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Kirksville Osteopathic

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

LEONARD

DAVID

EITEL

4. DATE OF DEATH

October 13, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Divorced ☐

8. DATE OF BIRTH

2/20/13

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months Days Hours Min.

7 23 -- --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

same

11. BIRTHPLACE (City and state or country)

Macon County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Eitel

13b. MOTHER'S MAIDEN NAME

Goldie Dowell

14. NAME OF HUSBAND OR WIFE

Loraine Eitel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Loraine Eitel, La Plata, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction
Coronary thrombosis
Coronary atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-28-63 to 10-13-63 and last saw him alive on 10-13-63

Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Alvin Brown MD

(Degree or title)

22b. ADDRESS

Kirksville, Missouri

22c. DATE SIGNED

10/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

14 Oct 63

23c. NAME OF CEMETERY OR CREMATORY

La Plata Cemetery

23d. LOCATION (City, town, or county)

La Plata, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wilson Funeral Home, La Plata, Mo.

25. DATE RECD. BY LOCAL REG.

Oct 18, 1963

26. REGISTRAR'S SIGNATURE

Wend W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0017
2 0610
3
4 0
5 1
6
7 0
8 2
9 4-20.1
10
11
12 2-2
13 10

DATE AMENDED

Permit issued October 13, 1963

DAVID W. BOONE, D.O.

OCT 31 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Herbert M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.